

UNITED STATES DISTRICT COURT

FOR District of PUERTO RICO

UNITED STATES OF AMERICA
Plaintiff

V.

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITDANIEL REYES-ESCRIBANO
Defendant

CASE NUMBER: CR.99-044-07 (HL)

I, Daniel Reyes-Escribano

declare that I am the (check appropriate box)

 petitioner/plaintiff/movant other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No," go to Part 2)If "Yes," state the place of your incarceration FCI FAIRTONAre you employed at the institution? YES Do you receive any payment from the institution? YES

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. \$80.00 Montly wages. FCI FAIRTON, P.O. BOX 420, FAIRTON, NEW JERSEY 08320

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

RECEIVED
CLERK'S OFFICE
U.S. DISTRICT COURT
JUN 16 2006
3:54 PM
FILED

4. Do you have any cash or checking or savings accounts? Yes No
If "Yes," state the total amount. N/A

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value? Yes No
If "Yes," describe the property and state its value. N/A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

I declare under penalty of perjury that the above information is true and correct.

Date

Signature of Applicant

NOTICE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

ACCOUNT CERTIFICATION FORM

I certify that the attached trust fund account statement (or institutional equivalent) is true and correct.

5/25/06

Date

D. J. M. M.

Authorized Officer of Institution

D. J. M. M. CASE MANAGER,

"Authorized by the Act of July 27, 1955,

as amended, to administer oaths

(18 U.S.C. 4004)."

NOTICE TO PRISON OFFICIALS: Pursuant to the Prison Litigation Reform Act, you will be obligated to forward payments to the appropriate United States District Court if the prisoner herein is granted leave to proceed in forma pauperis. 28 U.S.C. § 1915(b)(2) (April 26, 1996). Pursuant to that statute, once an initial partial fee is paid, the prison official in charge of the prisoner's account must forward payments of 20% of the income credited to the prisoner's account during the preceding month, each month the amount in the account exceeds \$10.00, until the entire filing fee has been paid.

(Cut along dotted line)

(Note to Applicant: forward a copy of this Account Certification Form to each institution in which you have been confined for the six-month period prior to the date of this application.)

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Inmate Inquiry

Inmate Reg #: 16995069 Current Institution: Fairton FCI
 Inmate Name: REYES-ESCRIBANO, DANIEL Housing Unit: B
 Report Date: 05/25/2006 Living Quarters: B01-933L
 Report Time: 3:51:09 PM

[General Information](#) | [Account Balances](#) | [Commissary History](#) | [Commissary Restrictions](#) | [Comments](#)

General Information

Administrative Hold Indicator: No

No Power of Attorney: No

Never Waive NSF Fee: No

Max Allowed Deduction %: 100

PIN: 1699

PAC #:

FRP Participation Status: Completed

Arrived From: OKL

Transferred To:

Account Creation Date: 8/8/2001

Local Account Activation Date: 12/2/2005 3:45:41 AM

Sort Codes:

Last Account Update: 5/16/2006 2:08:37 AM

Account Status: Active

Phone Balance: Unknown

Dawn Nunn, CASE MANAGER,
 "Authorized by the Act of July 27, 1958,
 as amended, to administer oaths
 (18 U.S.C. § 633)." [Redacted]

FRP Plan Information

FRP Plan Type	Expected Amount	Expected Rate
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Account Balances

Account Balance:	\$0.49
Pre-Release Balance:	\$0.00
Debt Encumbrance:	\$0.00
SPO Encumbrance:	\$0.00
Other Encumbrances:	\$0.00
Outstanding Negotiable Instruments:	\$0.00
Administrative Hold Balance:	\$0.00
Available Balance:	\$0.49
National 6 Months Deposits:	\$754.30
National 6 Months Withdrawals:	\$769.45
National 6 Months Avg Daily Balance:	\$25.19
Local Max. Balance - Prev. 30 Days:	\$83.44
Average Balance - Prev. 30 Days:	\$3.80

Commissary History

Purchases

Validation Period Purchases: \$0.00

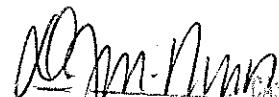
YTD Purchases: \$676.95

Last Sales Date: 5/15/2006 12:49:10 PM

SPO Information

SPO's this Month: 0

SPO \$ this Quarter: \$0.00


D.M. Nunn, CASE MANAGER,
"Authorized by the Act of July 27, 1958,
as amended, to conduct visits
(18 U.S.C. 4037)."'

Spending Limit Info

Spending Limit Override: No

Weekly Revalidation: No

Spending Limit: \$290.00

Expended Spending Limit: \$0.00

Remaining Spending Limit: \$290.00

Commissary Restrictions

Spending Limit Restrictions

Restricted Spending Limit: \$0.00

Restricted Expended Amount: \$0.00

Restricted Remaining Spending Limit: \$0.00

Restriction Start Date: N/A

Restriction End Date: N/A

Item Restrictions

List Name	List Type	Start Date	End Date	Userid	Active
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Comments

Comments: